

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014806

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10Primary Registration District No. 3002Registrar's No. 117

STATE FILE NUMBER

FILED APR 23 1963

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Curryville</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		d. STREET ADDRESS <u>5 miles S Curryville</u>	
3. NAME OF DECEASED (Type or print) First <u>Enoch</u> Middle <u>Hall</u> Last <u>Branstetter</u>		4. DATE OF DEATH Month <u>April</u> Day <u>16</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-12-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Curryville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Peter L. Branstetter</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Frances Elmore</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruby Branstetter</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Richard Kohl, Vandalia, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u> DUE TO (b) <u>ARTEROSCLEROTIC HEART DISEASE</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:30 A</u> Month <u>Mar</u> Day <u>16</u> Year <u>1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Curryville, Mo.</u>	
21. I attended the deceased from <u>Mar - 1962</u> to <u>4/16/63</u> and last saw her/him alive on <u>4/16/63</u> Death occurred at <u>9:30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Robert L Ward MD</u> (Degree or title)	
22b. ADDRESS <u>Centralia Mo</u>		22c. DATE SIGNED <u>4-17-63</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-18-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Siloam Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Pike Co., Missouri</u>		24. FUNERAL DIRECTOR <u>William Blatter, Vandalia, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>April 17 - 1963</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

Robert L Ward MD

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/5960472820

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121-0132-0

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William B. Water

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.